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TAGS: TBIO KHIV SCUL SOCI EAID PGOV ECON PREL RS
SUBJECT: RUSSIA'S DEMOGRAPHIC SITUATION: SERIOUS, BUT NOT
CATASTROPHIC

REFS: A. Moscow 854
¶B. Moscow 536
¶C. 07 Moscow 4543
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ACCORDINGLY.

¶1. (SBU) SUMMARY: For several years, demographics and public health experts have prophesied Russia's demographic demise and warned of a potentially catastrophic loss of population. Russia indeed faces major public health and demographic problems (reftels). However, in certain areas there has been a stabilizing of recent trends or even improvement in recent years. Overall mortality has fallen, while the birth rate has risen; deaths from tuberculosis have fallen to 25 percent below their peak. Some public health problems are not as severe as statistics might suggest when the data are taken out of context. The government is already taking encouraging steps to address certain key problems, including smoking habits, tuberculosis, and the risky behaviors that contribute to the spread of HIV/AIDS. International donors, including the USG through USAID, the United Nations, and the World Health Organization, have contributed much toward promoting these positive steps. If the government is able to continue and reinforce its efforts in this direction, then Russia's long-term demographic prognosis may be better than many analysts fear. However, the financial crisis and low oil prices have raised serious doubts about the future of Russia's health spending. END SUMMARY.

¶2. (SBU) A number of press articles on Russia's public health and demographic challenges, such as the article by demographics and public health expert Murray Feshbach in the October 5, 2008, edition of the Washington Post
(http://www.washingtonpost.com
/wp-dyn/content/article
/2008/10/03
/AR2008100301976.html), describe a set of problems that could lead to a catastrophic loss of population and associated loss of economic and political power. Russia's health indicators reached a nadir in 2000, when deaths exceeded births by 958,000. Subsequently, there have been modest improvements in most indicators, especially in the past two years. In 2006 and 2007, there was a significant decrease in mortality (6 and 4 percent respectively) from almost all cases of

deaths. In addition, in 2007 there was an unprecedented 8 percent increase in the number of births. While many demographics experts have raised doubts that these positive changes will be sustained beyond 2012, the positive indicators should not be ignored.

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PREMATURE DEATHS DUE TO POOR LIFESTYLE CHOICES
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¶3. (SBU) Russia has a severe problem with premature mortality, as reflected in decreased life expectancy especially for males (60.4 years in 2006). The most prevalent causes of premature death in Russia are linked to cardiovascular disease and external causes such as trauma, both of which are influenced by tobacco and alcohol abuse. Twenty percent of overall mortality is attributed to excessive alcohol consumption and 15 percent to smoking, according to one prominent Moscow cancer researcher. These deaths are potentially preventable if it is possible to change social norms of alcohol abuse and smoking habits. Some favorable trends towards healthier living are visible, though primarily anecdotally, among the urban middle and upper classes. The Russian government generally encourages these trends and has participated in international efforts to limit tobacco abuse. It joined the WHO Framework Convention on Tobacco Control earlier this year and is expected to take the necessary steps to implement it. However, Russia has yet to address either smoking or alcohol abuse with the seriousness that their impact would seemingly demand. And, while some progress may be achieved in curbing smoking, there has apparently been insufficient political will to fight alcohol abuse.

¶4. (SBU) The indicator of the elevated rate of cardiovascular deaths in Russia is important, but should be considered in light of the concept of "competitive mortality"; as everyone dies from something, various factors can shift the causes of mortality between groups, and simple rate comparisons can be misleading. (Note: An example of

competitive mortality effects in the United States is the recent upward trend in deaths from Parkinson's disease, which may be attributed to major declines in mortality from ischemic heart disease and stroke. Thus, more people are living long enough to die from Parkinson's. End note.) In Russia, the much higher number of cardiovascular deaths than in the United States suggests there are lower rates of deaths from some other causes. A more critical indicator is the elevated mortality among younger age groups, especially among middle-aged males. Smoking and alcoholism are the primary causes of Russia's markedly higher cardiovascular mortality relative to U.S. rates, and public health measures could considerably help to address this excess mortality among the young.

INFANT "COMPLICATIONS" MAY BE OVERSTATED

¶5. (SBU) Feshbach's statement that the health of Russia's newborns is quite poor, with about 70 percent of them experiencing complications at birth, can be misleading; birth complications as diagnosed in the United States do not affect 70 percent of Russian infants. However, a high percentage of infants receive some "diagnosis" due to a very different way of evaluating children's health; these diagnoses can be assigned due to a maternal health issue in pregnancy or where the infant had some minor and frequently temporary variation in development. However, we have seen improvements in related indicators even in areas where diagnoses are consistent with U.S. definitions. To cite only one example, during the course of USAID's maternal and child health program in the Krasnoyarsk region, between 2003 and 2007 the prevalence of hypertension among pregnant women -- one of the major contributors to maternal death -- fell from 28 percent to 7 percent.

HIV/AIDS: PLACING DATA IN CONTEXT

¶6. (SBU) So far, HIV/AIDS has not been a major contributor to overall mortality, but has been focused more on a concentrated

population. Feshbach noted that "about 1 million people in Russia have been diagnosed with HIV or AIDS, according to WHO estimates." However, while many Russian experts now concur that there are more cases than the 440,000 officially registered, the UNAIDS estimate of 940,000 persons living with HIV/AIDS (PLWHA) may be an overestimate. There are lines of evidence that suggest a lower figure perhaps by 10-20 percent, and some leading Russian experts have told us privately that they agree with the lower estimate. UNAIDS will be reviewing its estimate this year in cooperation with the GOR. If the revised estimate is significantly higher than the current officially registered figure, it will still present HIV/AIDS as a serious public health challenge that could seriously strain the health sector if not contained.

¶7. (SBU) The GOR must address this epidemic, particularly in the area of prevention, in order to avoid an expansion beyond the most at-risk populations. The GOR has demonstrated some political will to cope with the issue through such proactive steps as the recent announcement of the next federal tender for AIDS prevention programs. The government is soliciting input from the NGO community and international partners who have supported prevention activities in the past few years.

¶8. (SBU) Feshbach also wrote that "using mid-year figures, it is estimated that 25 percent more new HIV/AIDS cases will be recorded in 2008 than in 2007." Because of the peak of transmission that occurred around 2000, increasing numbers of PLWHA are now getting sicker and presenting for care. This factor could account for much or all of the increase in the number of newly detected cases. However, this alone underscores the seriousness of this epidemic. Even under conservative estimates of the size of the epidemic, the GOR will need to consider options, such as greater flexibility in access to care and treatment outside the limited number of existing AIDS centers. In one example of such an approach, the USG's PEPFAR program introduced a pilot expansion of HIV care to primary care clinics in St. Petersburg, which has widened the range of care options for those infected with the virus.

¶9. (SBU) Feshbach continued: "This should be all the more worrisome because young people are most at risk in Russia. In the United

States and Western Europe, 70 percent of those with HIV/AIDS are men over age 30; in Russia, 80 percent of this group are aged 15 to 29." The statement about the age groups at risk seems to disregard "cohort effects" in HIV epidemics. HIV transmission usually is highest among young people, as that is the age of maximum risk-taking. In the earlier stages of an HIV epidemic, there are not many long-time PLWHA, and the bulk of those infected are young. However, later in most epidemics, transmission decreases, and the large initial cohort of PLWHA ages (if treatment is available), while subsequent cohorts of young, recently infected persons are smaller. The "70 percent over 30 years" figure for the United States and Europe reflects the passage of time since the peak of transmission during the 1980s and 1990s; the surviving individuals are now older and reflect the bulk of PLWHA. However, new transmission in the United States still disproportionately affects younger individuals. In Russia, the HIV epidemic (which began in 1995) is at least 15 years younger than in the United States and Europe (beginning in the late 1970s); therefore, one would expect a major difference in the average age, even if transmission patterns were identical. In addition, the comparison is misleading because the Russian figure reflects the age at which people were diagnosed, not their current age. While 80 percent of those diagnosed up to about 2006 were diagnosed at ages 15-29, the average age at diagnosis gradually rose during that period; now more than 20 percent are being diagnosed beyond age 30, and no figure is available for the current average age of PLWHA. The truer Russian picture reflects maximum HIV transmission earlier in the epidemic with a serious but lower current rate.

TUBERCULOSIS: STILL SERIOUS, BUT IMPROVING

¶10. (SBU) Feshbach warned that "tuberculosis deaths in Russia are

about triple the World Health Organization's definition of an epidemic, which is based on a new-case rate of 50 cases per 100,000 people..." This statement most likely refers to tuberculosis (TB) cases, not deaths; the rate of tuberculosis deaths in Russia is only approximately 17 per 100,000 population. Feshbach cited Russia's rate of tuberculosis deaths -- 24,000 TB deaths in 2007 out of a population of 142 million -- and compares it to the much lower U.S. rate of 650 deaths of a population of 303 million. While the TB epidemic in Russia was a major public health failure in the 1990s, and the current TB case and death levels remain far too high, the situation has stabilized and improved in recent years. After doubling in the 1990s, TB cases peaked in 2000. Subsequently, new TB cases dropped about 10 percent until 2004 and have been stable since then. This change has been most marked in prison systems, which have seen a drop of two-thirds in what was a catastrophic case rate in 2000, and an even bigger decline in deaths. The 24,000 overall TB deaths in 2007 are almost 25 percent below their peak. Further substantial public health improvements and reforms are needed to approach low Western levels of TB morbidity and death. International donors like the World Bank; the Global Fund Against HIV/AIDS, TB and Malaria; and USAID have contributed much toward stabilizing the situation. In all seven USAID-supported regions, TB treatment success rates have exceeded the national average of 59 percent, demonstrating local commitment to improving the situation and the impact of international best practices. However, while some public health improvements are occurring, rising rates of TB/HIV co-infection may offset their beneficial effect over the next several years.

¶11. (SBU) COMMENT: A truly "healthy" Russia will require serious improvements in the health sector and some major changes in current cultural norms, and the financial crisis and low oil prices have raised serious doubts about the future of Russia's health spending. Nevertheless, we do not share the deterministic view of Feshbach and others that this "national calamity" is happening "inexorably." During the past two years, the GOR has finally started paying attention to demographic issues. Unfortunately, so far the policy and the financial incentives have been focused more on increasing births than decreasing premature deaths. However, the Russian government's recent steps to join the WHO Framework Convention on Tobacco Control and its decision to put a significant amount of money into prevention of smoking and alcohol abuse in 2009-2011 inspire hope for some progress in reducing mortality and improving the overall health of the population.

BEYRLE